PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Van Dyke et al.

Application No.: 10/657,957

Filed: 09/08/03

For: SYSTEM AND METHOD FOR A HIGH BANDWIDTH-LOW LATENCY MEMORY

CONTROLLER

Attorney Docket No.: NVIDP033A\_P000873

Examiner: Choi, Woo H.

Group Art Unit: 2186

Date: September 9, 2004



## CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being faesimile transmitted to the Commissioner for Patents, Alexandria, VA 22313-1450 attn: Examiner Choi at faesimile number: [703] 872-9306 on the above date.

· Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

Claims Remaining Highest After Previously Present SMALL ENTITY LARGEENTITY Amendment Paid For Extra RATE FEE OR RATE FEE TOTAL CLAIMS 25 \$ = \$0xOR X 18 =\$ 36.00 27 02 INDEP CLAIMS 04 04 00 X43 = SOR X 86 = \$ [] Multiple Dependent Claim Present \$145 **S290** and Fcc Not Previously Paid TOTAL S \$ 36.00

Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action. Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No.<u>50-1351</u>.

Enclosed is our Cheek No. in the amount of \$\subseteq\$ to cover the additional claim fee and/or extension of time fees. If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1531 (Order No.NVIDP033A\_P000873) A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,

Keyln J. Zilka

Registration No. 41,429

P.O. Box 721120 San Jose, CA 95172-1120 Telephone: (408) 971-2573

PAGE 3/19 - RCVD AT 9/9/2004 6:22:40 PM (Eastern Daylight Time) \* SVR:USPTO-EFXRF-1M \* DNIS:8729306 \* CSID:408 971 4660 \* DURATION (man-66):08-08

09/27/E004 FINESCEE 05000001 50:351 10657957

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BL. CO DA 10.00 ig

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10457957

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			25				FR	ATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BA:	SIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			25 minus 20=		. 5		X	\$ 9=		OR	X\$18=	90
INDEPENDENT CLAIMS			minus 3 =		*			42=		1	X84=	84
MULTIPLE DEPENDENT CLAIM PRESENT					····					OR		69
* If the difference in column 1 is less than zero, enter "0" in column 2							L.	40=		OR		77. (
CLAIMS AS AMENDED - PART II						10	DTAL		OR	TOTAL	174	
(Column 1) (Column 2) (Column 3)							SI	ALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 27	Minus	<b>**</b> 2	5	= 3	х	\$ 9=		OR	X\$18=	36
	Independent	1. 4	Minus	***	1	= ()	×	42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1	40=		OR	+280=	
1-12-24-25								TOTAL			TOTAL	36
(Column 1) (Column 2) (Column 3)								T. FEE		JOH.	ADDIT. FEE	30
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		<b>=</b>	X	9=		OR	X\$18=	
	Independent	*	Minus	***		=	×	42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM			40=			.000	
								TOTAL		OR	+280= TOTAL	
		(Column 1)		_(Colur	nn 2)	(Column 3)		T. FEE		OR	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	+	Minus	**		=	XS	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X4	2=		1	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								40= OTAL		OR	+280=	
**	If the "Highest Nu If the "Highest Nu	mber Previously Pa Imber Previously Pa	aid For" IN THI ald For" IN THI	S SPACE IS	iess that s less that	n 20, enter *20.'	ADDIT	T. FEE			TOTAL ADDIT. FEE	
	ine "Highest Nun	nber Previously Pai	id For" (Total o	r Independe	ent) is the	highest numbe	r found in	the app	ropriate box	in col	umn 1.	,